

**DECLARATION FOR NOMINATION**  
**State Senator or State Representative**  
**13-10-201, MCA**

To the Honorable Secretary of State of the State of Montana and to the Electors of Said District:

I, the undersigned citizen of the United States of America and resident of the State of Montana, County of \_\_\_\_\_, declare pursuant to Section 13-10-201, Montana Code Annotated, that I am a candidate for nomination by the \_\_\_\_\_ Party for the office of State (Representative/Senator) \_\_\_\_\_, District No. \_\_\_\_\_, in the State of Montana at the primary nominating election to be held in said district on June 3, 2008 and for such purpose do affirm that I possess the qualifications prescribed by the Constitution and laws of the State of Montana for the office herein named, and that:

1. My full name as it is to appear on the ballot is: \_\_\_\_\_

2. My residence (physical) address is: \_\_\_\_\_

3. City, State and Zip Code \_\_\_\_\_ Phone: Home \_\_\_\_\_ Work \_\_\_\_\_

(Pursuant to 13-10-201, MCA, a person seeking nomination to the Legislature must provide a street address, legal description, or road designation to indicate the person's place of residence. If a candidate for the Legislature changes residence, he or she must notify the Secretary of State within 15 days after the change using the form prescribed by the Secretary of State. )

4. If my mailing address is different, I have listed that below in addition to my residence address:  
\_\_\_\_\_

5. My e-mail address is: \_\_\_\_\_ My website address is: \_\_\_\_\_

6. I submit herewith the statutory filing fee of \$15.00.

*Candidate must sign and acknowledge below in the presence of a Notary Public if mailed, or in the presence of the Secretary of State or deputy if delivered in person.*

DATE \_\_\_\_\_, 20 \_\_\_\_\_  
(Signature of Candidate)

STATE OF MONTANA )  
County of \_\_\_\_\_ )

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, before me, personally appeared the above named candidate, known to me or proved to me to be the person whose name is subscribed to the above declaration, and acknowledged to me that he/she executed the same.

SEAL

\_\_\_\_\_  
Notary Public for the State of Montana

\_\_\_\_\_  
Printed Name of Notary Public

Residing at \_\_\_\_\_

My Commission Expires \_\_\_\_\_, 20\_\_\_\_

By: \_\_\_\_\_

Deputy (if not notarized)

Submit this form to the Secretary of State, PO Box 202801, Helena, MT 59620-2801, with the required fee.

**FOR  
OFFICE  
USE ONLY**

Filed on _____ under document number _____ for Secretary of State, by _____, Deputy or Filing Officer.
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